

Tompkins County
DEPARTMENT OF SOCIAL SERVICES
LOW INCOME CHILD CARE UNIT

320 West Martin Luther King Jr. / State Street
Ithaca, New York 14850
(607) 274-5612

EMPLOYMENT INFORMATION

THIS FORM IS TO BE COMPLETED BY THE EMPLOYER ONLY

Name of Employee: _____

Name of Employer or Company: _____

Address of the Employer: _____

May we contact employer for more information? _____ YES _____ NO

Name: _____ Phone Number: _____

Employee's start date: _____

How often does employee get paid? (circle one) Weekly Bi-weekly Semi-monthly

Other: _____ What day? M T W TH F SAT SUN

Is this a 10-month position (i.e. school employee) or year-round? _____

How many days per week does employee work? _____

How many hours per day does employee work? _____

Does employee have a set work schedule? _____ YES _____ NO

If YES, please give the exact days and hours that employee is working:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Hourly Rate: \$ _____ or Gross Salary: \$ _____ per _____

Employers Signature: _____ Date: _____